

MACOMB COUNTY BOARD OF COMMISSIONERS**VOLUNTEER RECOGNITION AWARD APPLICATION**

(Please **Print or Type** All Information Requested)

(Name of Nominating Organization or Individual)

Address

City

State

Zip

Contact Person

Title

Day Phone

Evening Phone

(Name of Volunteer Being Nominated)

Volunteer's Home Address

City

State

Zip

Day Phone

Evening Phone

In **100 words or less**, explain why this individual should be recognized as one of Macomb County's Volunteers of the Year:
